

Job Description:

WAIVER APPLICATION FOR PROFICIENCY TESTED LABORATORY SUPPORT PERSONNEL

Non-proficiency tested laboratory support personnel exemption. Individuals who perform only support functions that do not require participation in proficiency testing in accordance with the laboratory's accrediting body requirements are not required to obtain a Forensic Analyst License and are not required to fill out this application.

Proficiency tested laboratory support personnel waiver application. Laboratories that have individuals who are subject to accrediting body proficiency testing requirements, but perform only support functions so limited in nature (e.g., aliquoting, accessioning, data entry, etc.) as to render the licensing requirement overly burdensome and impractical must apply to the Commission for an exemption for these individuals using this form and sign the certification below.

Note that the non-proficiency and proficiency-tested laboratory support personnel exemptions described above apply only to individuals performing support roles. An individual who technically reviews or draws conclusions from or interprets forensic analysis must obtain a Forensic Analyst License even if he or she is not required to be proficiency tested by the laboratory's accrediting body.

Laboratory Name:

Laboratory Representative/Director:

Names of Employees Applying for Laboratory Support Personnel Exemption and Corresponding Job Description(s). Please describe each employee's job and role in the laboratory below or attach the current job description for each employee to this document. Attach additional pages as necessary.

Name:

Job Title:

| N. | |
|--|--|
| Name: | |
| Job Title: | |
| Job Description: | |
| | |
| | |
| | |
| | |
| | |
| Name: | |
| Job Title: | |
| Job Description: | |
| | |
| | |
| | |
| | |
| | |
| I certify that the individual(s) named above as En Personnel Exemption are required to be proficiency- perform only support functions so limited in nature (| tested by the laboratory's accredited body but |
| as to render the licensing requirement overly burden | |
| | |
| | _ |
| Laboratory Representative/Director Printed Name | |
| | |
| | |
| Laboratory Representative/Director Signature | DATE |